

OSCAR REPORT 3
HISTORY FACILITY PROFILE

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HOME HEALTH DIMENSIONS
4888 SOUTH HIGHLAND DRIVE
SALT LAKE CITY UT 84117
STATE'S REGION CODE: 001

PROVIDER #: 467218
PHONE NUMBER: (801) 424-5040
PARTICIPATION DATE: 04/22/2005

TYPE ACTION: INITIAL
TYPE FACILITY: OTHER
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

CURRENT SURVEY REVISIT DATES -

| PRIOR 3 SURVEY | PRIOR 2 SURVEY | PRIOR 1 SURVEY | CURRENT SURVEY | PLAN/DATE OF CORRECTION | PROGRAM REQUIREMENTS |
|-------------------|-------------------|-------------------|-------------------|----------------------------|----------------------|
| | | | | 04/22/2005 | |

*** NO DEFICIENCIES WERE FOUND ***

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

| TYPE OF DEFICIENCY | CURRENT SURVEY | PRIOR 1 SURVEY | PRIOR 2 SURVEY | PRIOR 3 SURVEY |
|--------------------------------------|-------------------|-------------------|-------------------|-------------------|
| CONDITION | 0 | 0 | 0 | 0 |
| STANDARD | 0 | 0 | 0 | 0 |
| REGIONAL OFFICE FLAG (INCLUDES COPS) | 0 | 0 | 0 | 0 |
| HEALTH TOTAL | 0 | 0 | 0 | 0 |

STATUS OF DEFICIENT COPS
CURRENT SURVEY

| | DEFICIENCY NOT CORRECTED | DEFICIENCY CORRECTED AFTER APPROVAL | REPEAT COP DEFICIENCY |
|-----|-----------------------------|--|--------------------------|
| COP | 0 | 0 | 0 |

COMPLAINT SURVEY INFORMATION

* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY